

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036525

STATE FILE NUMBER 4885

NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</b> <sup>705</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp</b>		Length of stay in lb. <del>8</del> <b>3</b> <sup>days</sup>	d. STREET ADDRESS (If outside, give location) <b>3008 Northern</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>KATHRYN</b> Last <b>MUNDY</b>			4. DATE OF DEATH Month <b>10</b> Day <b>15</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 30 1919</b>	9. AGE (In years and birthday) <b>39</b>	10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR OCCUPATION <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Valley Center Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>L. E. Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Hohman</b>	14. NAME OF HUSBAND OR WIFE <b>Warren A. Mundy</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war dates & service) <b>No</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	16. SOCIAL SECURITY NO. <b>515 03 7658</b>	17. INFORMANT <b>Warren A. Mundy</b>	Address <b>3008 Northern</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hepatitis - virus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<b>1927</b>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____	STATE _____
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21. I attended the deceased from <b>Aug 1 - '58</b> to <b>Oct 15 - '58</b> and last saw her alive on <b>Oct 15 - '58</b> Death occurred at <b>11:55 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>R. Paul Wright M.D.</b>	22b. ADDRESS <b>1324 Prof. Bldg</b>	22c. DATE SIGNED <b>Oct 16 - '58</b>

23a. BURIAL, CREMATION, REINTERMENT <b>Burial</b>	23b. DATE <b>10-17-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR <b>Floral Hills Memorial Chapels, Inc</b>	ADDRESS <b>10-16-58</b>	25. DATE RECD. BY LOCAL REG. <b>10-16-58</b>	26. REGISTRAR'S SIGNATURE <b>neer minshall</b>
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All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE R. Paul Wright

87E  
P. E. M...  
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1/30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *P. E. M...*  
Licensed Embalmer No. *5938*  
P. O. Address *P. O. M...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.